



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR STATE EXPLOSIVE PERMIT
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

Return to: Revenue Processing Section
P. O. Box 6100
Tallahassee, FL 32314-6100

In compliance with Chapter 552, Florida Statutes, application is hereby made for a State Explosives Blaster's Permit.

<input type="checkbox"/>	Explosives Blaster's Permit	Type 09 Class 06	F/T L	Fee: \$50.00
<input type="checkbox"/>	Examination Filing Fee	Type 07 Class 07	F/T F	Fee: \$30.00

Make Check Payable to the "State Fire Marshal"

Total Fee(s) Submitted: \$ _____

1. Name: _____

2. Home Address: _____
Number Street

City County State Zip Code

PERSONAL DESCRIPTION OF QUALIFYING INDIVIDUAL:

3. Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes _____ Sex: _____ Race: _____
Social Security Number: _____ Date of Birth: _____ State of Birth: _____
Identifying Marks: _____
Home Phone Number: _____

4. Have you ever been convicted of a felony? ☐ Yes ☐ No

5. If the answer to the above question is yes, have you been pardoned or have your civil rights been restored?
☐ Yes ☐ No

6. Have you ever been adjudicated mentally incompetent? ☐ Yes ☐ No

7. If the answer to the above question is yes, have your civil rights been restored? ☐ Yes ☐ No

****THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED IN DETAIL****

Business/Applicant Name: _____

8. Previous Employer and Permit Number: _____
(If Applicable)

9. PERMIT REQUESTED TO BE ISSUED UNDER THE USER LICENSE AS LISTED:

Firm Name or Individual: _____

(Must be completed as indicated on User License)

Address: _____

Number

Street

City

County

State

Zip Code

Telephone Number: _____

Valid User License Number (07 06): _____

Qualifier Name: _____

10. Submit a current photograph with this application.

FINGERPRINT CARD AND PHOTOGRAPH MUST ACCOMPANY APPLICATION

I certify that I understand the Blaster's Permit, if issued, remains valid only while I am employed by the above licensed User of Explosives.

Signature of Applicant _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who ☐ has ☐ has not
taken an oath.

Seal

Notary Signature

Type, Print or Stamp Name

I hereby certify that the person whose name appears on this application for a State Blaster's Permit is currently employed. I further certify my understanding that this permit must be retained by me and returned to the State Fire Marshal when such employment is terminated.

Signature of License Qualifier _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who ☐ has ☐ has not
taken an oath.

Seal

Notary Signature

Type, Print or Stamp Name